

## ISSUE SLIP/STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO.         | DATE               |
|---------------------|----------|----------------|--------------------|
| FEE DETERMINATION   | DT       |                | 11/10 99           |
| O.I.P.E. CLASSIFIER |          | 21             | 11/18/99           |
| FORMALITY REVIEW    | RF       | 70350<br>10355 | 12-1-99<br>2/11/00 |

## INDEX OF CLAIMS

Rejected N  
 Allowed I  
 Canceled A  
 Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

| Claim | Date     | Claim | Date     | Claim | Date     |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
| 1     | 12/2     | 51    |          | 110   |          |
| 2     |          | 52    |          | 111   |          |
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| 19    |          | 69    |          | 128   |          |
| 20    |          | 70    |          | 129   |          |
| (21)  | VV       | 71    |          | 130   |          |
| 22    |          | 72    |          | 131   |          |
| 23    |          | 73    |          | 132   |          |
| 24    | V        | 74    |          | 133   |          |
| 25    |          | 75    |          | 134   |          |
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| 27    |          | 77    |          | 136   |          |
| 28    | VV       | 78    |          | 137   |          |
| 29    |          | 79    |          | 138   |          |
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| 40    |          | 90    |          | 149   |          |
| 41    | V        | 91    |          | 150   |          |
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| 46    |          | 96    |          |       |          |
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| 48    |          | 98    |          |       |          |
| 49    |          | 99    |          |       |          |
| 50    |          | 100   |          |       |          |

If more than 150 claims or 10 actions  
 staple additional sheet here

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